

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Mount Pleasant Correctional Facility		
Physical address:	1200 East Washington Street, Mount Pleasant, Iowa 52641		
Date report submitted:	7/29/15		
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Date of facility visit:	June 30-July 2, 2015		
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:	319-385-9511		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Governing authority or parent agency: <i>(if applicable)</i>	State of Iowa		
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AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of the Mount Pleasant Correctional Facility (MPCF) was conducted on June 30 to July 2, 2015 to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor interviewed Director Jerry Bartruff, the state Agency-Wide PREA Coordinator Jean Schlichtemeier, and the Central Office Training Specialist at the Iowa Department of Corrections (IDOC) headquarters in Des Moines, Iowa on Monday, June 29, 2015. During the on-site audit, the auditor toured the facility and conducted formal staff and inmate interviews.

The auditor interviewed 12 inmates from all of the housing units, including one self-identified transgender inmate, two who had made prior sexual abuse allegations and one from the special housing unit. In addition, the auditor questioned 22 staff (12 specialized staff and 10 random Correctional Officers from each shift), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Superintendent, PREA Compliance Manager/Correctional Counselor, Nursing Services Director, Treatment Director, Psychologist, Captain/Investigator, Contract Employee/ Teacher, Human Resources Director, Records Administrator/Public Services Supervisor, Central Office Investigator, Correctional Counselor, and Security Director.

An entrance meeting was held with the following persons in attendance: Superintendent, Agency PREA Coordinator, PREA Compliance Manager/Correctional Counselor, Nursing Services Director, Treatment Director, Human Resources Director (HR), Records Administrator/Public Services Supervisor, Security Director, Administrative Assistant, Business Manager, Maintenance Plant Manager, Food Service Director and the Training/Safety Officer. There were currently 855 adult male inmates at the medium security facility. Following the entrance meeting, I toured the facility. In this first PREA report period from 4/14 to 3/15, there were 21 sexual assault/harassment allegation cases of which six were determined to be substantiated, nine were determined to be unfounded, and six were unsubstantiated.

DESCRIPTION OF FACILITY CHARACTERISTICS:

In 1976 an arm of the Men's Reformatory at Anamosa, was established in the 20 Building and was named "Medium Security Unit". This was to be a temporary, 144 bed unit to help ease the prison overcrowding. In 1981 an exchange of buildings was made between the Mental Health Institute (MHI) and the Medium Security Unit so that the prison capacity could increase to 550. The MHI moved to the 20 Building and maintained an adult psychiatric program (Center for Psychiatric Care) as well as an Adult Substance Abuse program (Iowa Residential Treatment Center). Today's prison is the Mt. Pleasant Correctional Facility (MPCF), which has a bed capacity of 1,004 males, and an average offender population of approximately 970. There were 885 inmates on the first day of the audit. The design capacity is 770 with a staff of 315. The entire campus is 152.24 acres, about the size of 115 football fields. Original construction began in the 1860's. The Campus boundaries are Washington Street (old Hwy 34) to the North and Grand Avenue (old Hwy 218) on the West. The Campus includes an IDOC all male prison and an IDHS Mental Health Institute. The MPCF has a total of 501,046 square footage with a total of 35 buildings. They provide services for male offenders including special needs. The Department of Human Services IDHS section closed on the first day of the audit. The campus also provides an office for parole / probation services.

The Main Building Center is five floors; stone construction from the 1860's. The building has been remodeled several times over the years. The center building houses multiple areas including the Security Ready Room, Key/Lock Shop, Communications Room, Emergency Generator, Men's and Women's Staff Locker Room, and Superintendent's Office. Remodeling completed in 1984 included the Business Office, Central Records, Superintendent's offices, Classification, Library, Dietary, School, Gymnasium and the 10-cell disciplinary unit. The Main Building West and East Wing units are four floors with remodeling completed in 1985. They hold substance abuse units, sex offender units, general population units, receiving and discharge, laundry, visiting room, clothing center, canteen, medical clinic, hobby craft and music areas, barber shop and offices. There are numerous other buildings including: storage building, water treatment plant, garage, fire station, power plant, storeroom building, carpenter shop, paint shop, grounds storage building, Iowa Prison Industries building, plumbing and air conditioning shops and other storage shops.

The housing is divided into three (3) main floors containing the twelve (12) offender separate housing units. Each floor has four (4) separate housing units and is divided by an East and West side. Each of these sides contain two of those units. 'A' Units and 'D' Units Restricted Housing Cells have plumbing and toilet facilities. Offenders wanting to shower or exercise are escorted to the facility restrictive unit (10 Cell) to do so. Unit restricted housing cells can be monitored remotely by an 'A' or 'D' unit officer from within their office area. Physical rounds are required at irregular intervals every 30 minutes. Unit 1A is an intake unit for sex offenders. Case plans are developed

for sex offenders, identifying their treatment needs. General Population (GP) and Special Needs (SN) offenders are also housed here. The Unit is composed of 5- two (2) bunk, 14 - four (4) bunk, and 3 -six (6) bunk rooms. Unit 2A is dedicated to house offenders actively participating in the Sex Offender Treatment Program (SOTP) and Spanish Sex Offender Treatment Program (SOTP). The SOTP has been developed on the basic tenet that sexual deviance is a complicated, multi-determined, behavioral disorder. The treatment of sex offenders involves learning appropriate and responsible social behaviors to substitute for the inappropriate and irresponsible behavior, which leads to the offense. The Unit is composed of 5 - two (2) bunk, 15 - four (4) bunk, and 2 – five (5) bunk rooms. Unit 3A Offender Housing Unit is a Substance Abuse Program (SAP) treatment unit. The Unit is composed of 5 - two (2) bunk, 15 - four (4) bunk, and 2 –seven (7) bunk rooms. Unit 1B is dedicated to the offenders participating in the Sex Offender Treatment Program (SOTP) Special Needs (SN). The special needs program works with offenders who have developmental disabilities, reading and comprehending difficulty, or offenders who need to learn at their own pace. The Unit is composed of 5 - two (2) bunk, and 17 - four (4) bunk rooms. Unit 2B – Offender Housing Unit is dedicated to the offenders actively participating in the Sex Offender Treatment Program (SOTP). The Unit is composed of 5 - two (2) bunk, 4 - four (4) bunk, and 4 – six (6) bunk rooms. Unit 3B is dedicated to the offenders who are General Population (GP), or Accountability, Character and Truth (ACT) awaiting SOTP placement. The Unit is composed of 1 - two (2) bunk, 20 - four (4) bunk, and 1 – six (6) bunk rooms. Unit 1C is dedicated to the offenders that have been identified with medical needs, are general population and industries workers. Major programs include Assisted Daily Living Program (ADLP) and the Hospice Program (Program CARE). The Unit is composed of 4 - two (2) bunk, 12 - four (4) bunk, and 1 – six (6) bunk room. Unit 2C is closed at this time. Unit 3C is dedicated to house offenders in Substance Abuse Programming (SAP). This unit provides treatment and education for those adult males who have experienced significant substance abuse problems. The goal of the program is to provide highly structured institutional programming, which will stress self-awareness, assess motivation, and enhance interpersonal development. The Unit is composed of 1 – three (3) bunk, 20 - four (4) bunk, and 1 –six (6) bunk room. Unit 1D is dedicated to house General Population (GP) offenders. This unit is primarily an intake unit for offenders that will enter Substance Abuse Treatment and SOTP. Unit 1D also has three (3) single bunk restricted housing cells. The unit is composed of 2 – two (2) bunk, 1 – three (3) bunk., and 15 -four (4) bunk rooms. Unit 2D is also dedicated to house General Population (GP) offenders. This unit is primarily an intake unit for offenders that will enter Substance Abuse Treatment and SOTP. The Unit is composed of 3 – two (2) bunk, 15 – four (4) bunk., and 3 – six(6) bunk rooms. Unit 3D is dedicated to house offenders who are General Population (GP) or Minimum/ Out custody. Unit 3D also has three (3) single restricted housing cells. The Unit is composed of 2 – three (3) bunk, 15 – four (4) bunk., and 3 – six (6) bunk rooms.

The mission of Iowa Department of Corrections is to advance successful offender reentry to protect the public, staff and offenders from victimization.

The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, the preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment.

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, an exit meeting was held. While I could not give the facility a final finding, I gave an overview of the audit and thanked the Mount Pleasant Correctional Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded: 8

Number of standards met: 34

Number of standards not met: 0

Not Applicable: 1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Agency exceeds the standard with their policies, procedures and practice. Policies include PREA-01 Offender PREA Information and Form 1; PREA-02 Staff, Contractor or Volunteer Sexual Misconduct/Harassment/Retaliation with Offenders; PREA-03 Staff Response to Offender on Offender Sexual Violence or Retaliation; PREA-04 PREA Compliance; IO-RD-03 Major Discipline Report Procedures and HSP-628 Offender Alleged Sexual Assault Health Services Responsibilities. The agency wide PREA coordinator has developed an excellent system for all agency efforts to meet the standards. She assists the PREA Compliance Manager at the facility and ensures they have the resources that they need. A PREA Database has been developed to include documentation from the Initial Report through the Incident Review. The facility PREA Compliance Manager reports directly to the Superintendent.

§115.12 - Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency contracts with 8 Judicial District Departments of Correctional Services to provide 23 Residential Community Facilities. The agency requires that they adopt and comply with PREA standards. They also regularly monitor the contractor's compliance with PREA standards. The policy is covered in PREA-04 PREA Compliance and IS-CL-09 Interstate Corrections Compact Transfer for Prisons.

§115.13 – Supervision and Monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The following policies meet this standard: AD-PR-03 Review of Staffing Requirements and IO-SC-01 Management of Security Program. The Acting Superintendent reviews the institutional staffing plan annually and ensures that there is always the proper staffing level. They are currently going through the annual review and have just filled 15 vacant correctional

officer positions. Prior to adding the new officers, they were authorizing overtime so all posts were adequately filled. Staff use PDA's that record all rounds of security and administrative staff. Documentation of unannounced rounds that cover all shifts was reviewed. The video camera system consists of 169 cameras with digital recording. There are also many mirrors placed to improve the viewing for staff of inmate activities. Several areas have been closed off to inmate access since they were blind spots for staff. Interviews with inmates and line staff confirmed that weekly visits are conducted by administrative staff to all areas of the institution.

§115.14 – Youthful Inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Not Applicable- They do not house youthful inmates.

§115.15 – Limits to Cross-Gender Viewing and Searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Agency/facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The following policies meet the requirements of the standard: IO-SC-17 Cross Gender Supervision and IO-SC-8 Searches. The facility is an all-male population. Staff are trained on conducting strip searches of transgender and intersex inmates in a professional manner. The curriculum and training records were reviewed. They have a system of buzzers/bells that notify inmates when a staff member of the opposite gender is on the housing units. In addition, there is a posted announcement in each housing unit that opposite gender staff members may be in the housing unit and throughout each shift they periodically make a PREA announcement in each housing unit. PREA notifications (English and Spanish) are posted in each housing unit of each facility within the facility visitation area and in all inmate program areas. Shower curtains which allow inmate privacy have been installed. Some bathrooms have been renovated to allow more privacy for inmates using the toilets. All inmates reported that they were aware that female staff worked routinely in the housing units (posters in the units provided this notification).

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The MPCF clerk specialist takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility continuously identifies staff that possess special skills such as being proficient in sign language or fluency in languages other than English. These staff are used to provide PREA education to inmates individually. PREA handouts and inmate handbooks are in English and Spanish. Policy IS-RO-02 Offender Intake ensures compliance with this standard. A statewide translator service is also available to use.

§115.17 – Hiring and Promotion Decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Based on interviews with the HR this standard is being met. Policies and Operating procedures to meet this standard include: Iowa Law Chapter 22.7 of the Code of Iowa, AD-GA-13 Agreements and Contracts, OP-WI-01 Template for Work, AD-PR-05 Employee Selection and Forms and PREA-02. The IDOC conducts background checks at least every five years for employees. Documentation was reviewed for the newly revised Authority for Release of Information and new Pre-Hire Checklist which ensures all aspects of the standard are included.

§115.18 – Upgrades to Facilities and Technology

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Although MPCF has not had any expansions or modifications during this report period, they do have the following policies which meet the standard: PP-OH-01 Offender Housing and IO-SC-06 Security Operations. They have also added 26 new cameras during this report period, including two in each housing unit hallway. The Acting Superintendent stated that additional cameras will be added as funds allow.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The MPCF healthcare staff follows the institution's written plan for responding to allegations of sexual assault of inmates. Investigators also use a thorough PREA Investigation Checklist to ensure all policies and procedures are followed. The assaulted inmate is transported to the Great River Medical Center in Burlington, Iowa which is properly equipped to assess (i.e. SANE Nurse), treat, provide required prophylaxis, and gather forensic evidence. In addition, the Rape Victim Advocacy Program will be contacted to request an advocate to be sent to accompany the inmate. They have a detailed Memo of Understanding with the service provider to help clarify responsibilities. They also have staff trained as qualified advocates who can provide basic support to victims of sexual abuse when a local advocate is not available. Healthcare staff is not involved in the management or treatment of sexual assault cases unless it is necessary to stabilize the inmate before the transfer to the appropriate community facility. The Facility PREA Compliance Manager and MPCF Investigator notifies the Agency PREA Compliance Coordinator to determine further guidance on whether to refer the matter to the local Police Department for a criminal investigation or to continue as an internal administrative investigation.. Policies and interviews with investigators, medical and mental health staff support the compliance with this standard. Policies that meet this standard include: IO-SC-12 Escorted Trips, IO-SC-22 Evidence Handling, PREA -02 and PREA-03. There were three allegations over this report period where forensic medical exams were performed.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies that meet this standard include: AD-PR-13 Employee Investigations; PREA 02, 03, 04; and IO-RD-03 Major Discipline Report Procedures. All allegations are referred to the Agency PREA Compliance Coordinator for review. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. During this audit period there have been 21 investigations. Three of the allegations were referred for criminal investigation. The Auditor reviewed several of the investigations that had been conducted.

§115.31 – Employee Training

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency and facility policies that address this standard include; AD-TS-04 Orientation and Pre-service Training; AD-TS-05 In-service Training; and HSP-628 Offender Alleged Sexual Assault Health Services Responsibilities. I reviewed the new training curriculum refresher course with the Training Specialist in the Central Office which covers all aspects of the PREA standards. I also reviewed training records. All staff interviewed indicated that they received the required PREA training.

§115.32– Volunteer and Contractor Training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Contractor and volunteer sign-in sheets for training received were reviewed. Policies and procedures AD-CL-01 Volunteer Program, OP-WI-01-28E Template for Work, and PREA-02 meet this standard.

§115.33 – Inmate Education

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PREA Posters are displayed throughout the facility in prominent areas with the address to contact to report abuse. In addition, they can send a staff message or letter to the institution Superintendent via a Kiosk system. The facility inmate handbook covers the PREA information. All inmates receive a PREA Orientation within 3 days of arrival at the facility and how to report sexual harassment or abuse. They are also given a copy of the handout “Staying Safe: A Guide for Offender Conduct”. Within 30 days of arrival a comprehensive education is provided on additional PREA information which includes a video. These sessions are all documented with the inmate’s signature that they have received and understand the information. They also use inmate mentors to assist with the inmate education. Posters are also posted in each housing unit next to the inmate phone booth.

§115.34 – Specialized Training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The two Investigators who are Captains have received specialized training developed by the Moss Group for conducting sexual abuse investigations and crime scene preservation. The four Central Office Investigators have also been trained. Documentation was reviewed.

§115.35 – Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All medical and mental health staff has received specialized on PREA addressing sexual abuse and harassment of inmates. This training includes issues on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Interviews with the medical and mental health staff confirmed the training was received.

§115.41 – Screening for Risk of Victimization and Abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies addressing this standard include: IS-RO-01 Offender Admission Procedures and IS-RO-02 Offender Screening. All offenders newly admitted have a Sexual Violence Propensity (SVP) –Intake Screening Tool completed by a trained Correctional Counselor within 24 hours of admission and they are given a SVP code. This is scanned into the inmate's electronic record, ICON. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering inmates who have ever previously been victims or perpetrators of sexual abuse a follow-up meeting with a mental health practitioner. The Psychology department receives the referral if any issues are identified and will schedule any requests for this follow-up within 14 days. Within 30 days, they will reassess the offender's SVP code based upon any additional, relevant information received by the institution. This was verified through interviews with the staff.

§115.42 – Use of Screening Information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. Housing and program assignments are done on a case by case basis. They have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Placement and programming assignments for transgender and intersex inmates are reassessed at least twice a year. Operating procedures address how the information from the Sexual Violence Propensity (SVP) –Intake Screening Tool is used to ensure safety of each inmate. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering inmates who have ever previously been victims or perpetrators of sexual abuse a follow-up meeting with a mental health practitioner.

§115.43 – Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policies IO-HO-05 Administrative Segregation and IO-HO-06 Protective Custody Segregation meet this standard. There were three inmates placed in this status for one to 24 hours. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in a temporary close custody cell until the investigation and alternative means of separation is found. Reviews are conducted as required to determine whether there is a continuing need for separation from the general population.

§115.51 – Inmate Reporting

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook and on posters located throughout the facility. Posters are also posted in each housing unit next to the inmate phone in a booth. Agency policies that meet this standard are: PREA 01, 02, 03 and 04.

§115.52 – Exhaustion of Administrative Remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy IO-OR-06 Offender Grievance Procedures (revised July 2014) covers the elements of this standard. Two grievances were filed in this report period that alleged sexual abuse and these were immediately referred to the Investigator.

§115.53 – Inmate Access to Outside Confidential Support Services

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

There are numerous outside contacts listed as resources for outside confidential support services on the posters and in the handbook. Per Iowa code, the hospital would notify the Rape Victim Advocacy Program if a victim is brought in for a rape exam and they would report to the hospital. In addition, MPCF has an agreement with the Rape Victim Advocacy Program to provide services to victims in the institution should they request advocacy, counseling, or some other form of support. Documentation was reviewed of several meetings that inmate victims have had with the Advocacy Program representative.

§115.54 – Third-Party Reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Brochures and posters are given to family, guests, and visitors with the procedure for reporting. This is also located on the IDOC website at:

<http://www.doc.state.ia.us/Documents/PREA/ThirdPartyReportingPoster.pdf>

§115.61 – Staff and Agency Reporting Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy PREA 01, 02, 03 04 and HSP-628 includes all the components of this standard. This was also verified through interviews with random staff.

§115.62 – Agency Protection Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility takes immediate action if there was substantial risk of imminent sexual abuse. This was verified through interviews with random staff.

§115.63 – Reporting to Other Confinement Facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy PREA-04 includes all the components of this standard. This was also verified through interviews with Warden and PREA Manager. MPCF has not received any allegation that an inmate was abused while confined at another facility. There have been no allegations of sexual abuse that MPCF received from other facilities.

§115.64 – Staff First Responder Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policies PREA 01, 02 and 03 include all the components of this standard. This was also verified through interviews with random staff. Two allegations in this report period involved security staff collecting evidence per the PREA protocol.

§115.65 – Coordinated Response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policies address this standard in a very detailed effective manner. They have a Sexual Abuse Flowchart and a Sexual Assault Flowchart for staff to follow in case of an allegation.

This ensures all necessary steps are taken. This was discussed in interviews with the Superintendent, PREA Compliance Manager and the Investigators.

§115.66 – Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All collective bargaining agreements meet the requirements of the standard.

§115.67 – Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

A Captain is assigned to monitor for possible retaliation. His responsibilities include interviewing inmates who previously alleged sexual victimization to ensure they haven't experienced retaliation because of their allegation(s), for at least 90 days following report of sexual assault/harassment allegation, and to monitor by way of periodic status checks. Inmates are advised that they should send a message through the Kiosk system to the "PREA Retaliation Officer" if they have a concern. There have been no incidents of retaliation reported in this report period.

§115.68 – Post-Allegation Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy IO-HO-05 Administrative Segregation meets this standard. There have been three inmates placed in this status. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in a temporary close custody cell until the investigation and alternative means of separation is found. All offenders in segregation, including offenders in protective custody, are reviewed every 7 days by the treatment director and psychology staff to review the appropriateness of the offender's current housing status. Records were reviewed by this auditor.

§115.71 – Criminal and Administrative Agency Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policies that address this standard include PREA 02, 03, 04 and IO-RD-03 Major Discipline Report Procedures. The MPCF Investigators and Central Office SIS Investigators conduct investigations within the facility after consulting the Central Office PREA Coordinator to determine how to proceed. All Investigators have received special investigation training. All of the investigations were reviewed promptly, thoroughly, and objectively. There were three substantiated allegations that were referred for prosecution during this period.

§115.72 – Evidentiary Standard for Administrative Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This is covered in the Investigator PREA training curriculum and Agency policy PREA-04.

§115.73 – Reporting to Inmate

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The PREA Agency Coordinator indicates that it is the Investigators responsibility to notify the inmate of the findings. There is a standard form letter that is used and a copy kept in the investigative file. All inmates were notified of the outcomes of the completed investigations. There were no investigations completed by an outside agency in this report period.

§115.76 – Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency Policy PREA-02 includes all the components of this standard. During this audit period two staff members have been found to violate agency sexual abuse or sexual harassment policies and they both resigned.

§115.77 – Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policies that meet this standard are AD GA 13 and AD CI 01. There were no contractors or volunteers during this period that were reported to law enforcement for engaging in sexual abuse of inmates.

§115.78 – Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This is stated in the inmate handbook which addresses all disciplinary sanctions for inmates. All sexual activity between inmates is prohibited. Agency policies that meet this standard are OP-SOP-08, IO-RD-03 and PREA 03.

§115.81 – Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies addressing this standard include: IS-RO-01 and HSP-628. Screening for any condition relevant to the Prison Rape Elimination Act of 2003 (PREA) through the use of the Sexual Violence Propensity screening form is scanned into the inmates electronic record ICON. If the SVP Intake Screening tool, Modified Mini Screen (MMS) or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the offender has experienced

prior sexual victimization or previously perpetrated sexual violence, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a medical or mental health practitioner within 14 days of the notification. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services if needed.

§115.82 – Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

A wide range of treatment services are offered to every victim without financial cost while at the facility. When mental health determines that follow up services are warranted relative to a sexual assault, referrals will be made in accordance with recommendations reported by the SAFE/SANE counselor and/or other hospital emergency department staff. The Rape Victim Advocacy Program is also notified and offers follow-up services to offender victims.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy HSP-628 meets the standard's requirements. Review of victim mental health records and interviews with staff and inmates verified this standard is compliant.

§115.86 – Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy PREA 04 meets this standard. Committee members shall consist of, but are not limited to, a representative of the following departments: Superintendent or designee, Agency PREA Coordinator (if a substantiated case), Facility PREA Compliance Manager, Unit Manager, and Shift Supervisor involved, Investigator, Mental Health and/or Medical Services involved in the situation. All staff involved is consulted prior to the actual review for their input. An issue has been resolved to ensure that all incident reviews are completed within 30 days of the case being closed. Examples of incident reviews were provided for review. Suggestions made at the incident review meetings have been implemented, such as the

installation of retractable gates that can secure the housing unit hallways when there is not available staff on the housing unit.

§115.87 – Data Collection

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This is covered in Agency Policy PREA-045. The IDOC publishes an annual report regarding PREA-related incidents and, where necessary, plans to improve the Department's prevention, detection and response efforts. The Department reviews all sexual abuse/assault incidents to determine if changes to or improvements in environmental, procedural, staffing and monitoring technology factors are required.

§115.88 – Data Review for Corrective Action

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. An annual report with comparisons since 2005 and corrective action is published, and posted on the IDOC website at:

<http://www.doc.state.ia.us/UploadedDocument/533>

§§115.89 – Data Storage, Publication, and Destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

An annual report with comparisons from previous years and corrective action is published, and posted on the IDOC website at: <http://www.doc.state.ia.us/UploadedDocument/533>

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

_____*Diane Lee*_____

_____*July 29, 2015*_____

Auditor Signature

Date